## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE\_ADDRESS" for maintenance fee notifications.

4743 7 Howrey LLI ATTN: Dock 2941 Fairs	7590 09/28 P Keting Depart	ment ve, Suite 200 2-9922	Fr. pr. pr. pr. pr. pr. pr. pr. pr. pr. p			
TITLE OF INVENTION: F	RECOMBINANT POR	CINE ADENOVIRUS	/ECTOR			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S)	DUE DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/28/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	7		
MOSHER, MARY		1648	424-199100	_		
CFR 1.363).  □ Change of correspon Address form PTO/SB/1 □ "Fee Address" indica PTO/SB/3*, Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	or "Fee Address" or more recent) attached RESIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON		o 3 registered patent ively, sple firm (having as a agent) and the name omeys or agents. If r e printed. (vpe) patent. If an assigne assignment.	t attorneys 1 How member a 2 so of up to name is 3	rrey LLP
Vectogen Pty Ltd. North Ryde, NSW Australia						
Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent):	Individual 🛂 Co	rporation or other private	e group entity 🔲 Governmen
4a. The following fee(s) are submitted:  3 Issue Fee  — Publication Fee (No small entity discount permitted)  — Advance Order - # of Copies			Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (08—3038. (enclose an extra copy of this form).			
5. Change in Entity Status						
NOTE: The Issue Fee and P			b. Applicant is no los	nger claiming SMAL	L ENTITY status. See 3	7 CFR 1.27(g)(2).
interest as shown by the reco	ords of the United State	es Patent and Trademark	Office.	tire applicant, a regis	tered attorney or agent; (	or the assignee or other party in
Authorized Signature	Nala	Ula C		Date Nove	mber 8, 2007	
Typed or printed name Nabeela R. McMillian			Registration No. 43,363			
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	in is required by 37 CF ity is governed by 35 Uplication form to the for reducing this burd mia 22313-1450. DO 1450.	R 1.311. The informatio J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	n is required to obtain or 1.14. This collection is es depending upon the indi Chief Information Offic COMPLETED FORMS T	retain a benefit by th timated to take 12 m vidual case. Any con er, U.S. Patent and T O THIS ADDRESS.	e public which is to file i inutes to complete, inch inments on the amount o rademark Office, U.S. I SEND TO: Commission	(and by the USPTO to process) uding gathering, preparing, and f time you require to complete Department of Commerce, P.O. er for Patents, P.O. Box 1450,

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